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CONFIRMATION NO. 7680

<b>SERIAL NUMBER</b> 10/809,127	<b>FILING OR 371(c) DATE</b> 03/25/2004 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1614	<b>ATTORNEY DOCKET NO.</b> 044158/275894(5853-5)
<b>APPLICANTS</b> Jonathan A. McCullers, Germantown, TN;				
<b>** CONTINUING DATA *****</b> This application is a CON of PCT/US02/29417 09/17/2002 which claims benefit of 60/325,615 09/27/2001				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 06/04/2004				
<b>** SMALL ENTITY **</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>Examiner's signature</u> <u>Initials</u>		<b>STATE OR COUNTRY</b> TN	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 27
<b>INDEPENDENT CLAIMS</b> 6				
<b>ADDRESS</b> 29312				
<b>TITLE</b> Use of neuraminidase inhibitors to prevent flu associated bacterial infections				
<b>FILING FEE RECEIVED</b> 642	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	